

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WOODLAND COTTAGE (0009783)

Address: 3214 GALA STREET, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 11/01/2003

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096756 **End Date:** 04/05/2006 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0096529 **End Date:** 02/14/2006 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009829 Served 03/09/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(5)(a)	INFECTION CONTROL PROGRAM	03/24/2006	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	04/05/2006	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	03/24/2006	Yes
83.32(2)(d)	REVIEW OF PROGRESS	03/24/2006	Yes

Survey ID: 0096252 **End Date:** 01/23/2006 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Survey ID: 0096185 End Date: 12/30/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009827 Served 01/06/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(7)(b)	INSTALLATION AND MAINTENANCE	01/09/2006	Yes

Survey ID: 0092950 End Date: 07/15/2004 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009787 Served 07/19/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(7)(a)8	CRIMINAL CHECK, BACKGROUND & REGISTRY	12/30/2005	Yes

Survey ID: 0091209 End Date: 10/07/2003 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006331 Served 10/15/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(f)	YARD AND SIDEWALK IN SAFE CONDITION	07/09/2004	Yes

Survey ID: 0090532 End Date: 06/04/2003 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006325 Served 06/20/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	06/10/2003	Yes
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	06/11/2003	Yes
83.16(1)	ADMISSIONS AGREEMENT	07/11/2003	Yes
83.21(4)(w)	SAFE ENVIRONMENT	08/07/2003	Yes

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Enforcement History

Date: 03/08/2006 **SOD #**10009829 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
PROVIDE TRAINING
FORFEITURE---83.15(5)(a)
FORFEITURE---83.21(4)(p)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.32(2)(d)

Date: 06/18/2003 **SOD #**10006325 **Appealed:** Yes **Decision:** DISMISSED

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION
OTHER SANCTION
FORFEITURE---83.14(2)

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Provider Inspection Summary

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Complaint History

Date Complaint Received: 12/23/2005

Date Investigation Completed: 12/29/2005

Subject Area(s)

MEDICATIONS

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/07/2004

Date Investigation Completed: 07/15/2004

Subject Area(s)

ABUSE

Result

NOT SUBSTANTIATED

SOD #

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